

CLAIMS ONLY								Application Number <div style="font-size: 1.5em; font-family: cursive;">097774</div>		Filing Date	
								Applicant(s)			
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	*	*	*	*	
1	X										
2	X										
3	X										
4											
5		I									
6		I									
7		I									
8		I									
9		I									
10	I										
11		I									
12		I									
13	X										
14	X										
15	X										
16	X										
17	X										
18	X										
19	X										
20	X										
21	X										
22	X										
23	X										
24	X										
25	X										
26		I									
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46											
47											
48											
49											
50											
Total Indep	2										
Total Depend											
Total Claims	11										
51											
52											
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Applicant(s)

Filing Date

* May be used for additional claims or amendments